

## Conducted Electrical Weapon Reporting Form

To be completed by any Vermont Law Enforcement Officer after the display or deployment of a Conducted Electrical Weapon (CEW)

|   | SECTION ONE                         | : Disp | ay and/or Dep   | lovmen      | t Information   |  |
|---|-------------------------------------|--------|---|-------------|---|--|
| Case Number:  | 19BA011213                          |        | Location of Incident:                                     |             | old RR tracks off Blackwell St Barre City   |  |
| Date of Incident:   | 10/25/2019                          |        | Time of Incident:   |             | approx 1146   |  |
| CEW Model:  | X2                                  |        | CEW Serial Number:  |             | X30007YKX   |  |
|   | ■ CEW displayed                     |        |   |             |   |  |
| Use of CEW;<br>Check all that apply   | Probes fired                        |        | Location where probes hit subject:                        |             | right leg and left arm  |  |
|   | ☐ Drive stun mode                   |        | No. of cycles:<br>Location where wa<br>held against subje |             | 1   |  |
| Was a recording device running at the time of the incident? ☐ Yes ■ No If yes, was it a ☐ Body Cam ☐ Dashboard Cam ☐ other (describe):  |                                     |        |   |             |   |  |
| Was the subject: Human OR Animal (if animal, STOP here and submit form)   |                                     |        |   |             |   |  |
| Was subject charged with a crime? ■ Yes □ No  |                                     |        |   |             |   |  |
| If yes, what charge(s): burglary, aggravated DC, unlawful mischief (x2), resisting arrest, FIPO, criminal threatening   |                                     |        |   |             |   |  |
| SECTION TWO: Incident Information   |                                     |        |   |             |   |  |
| <ol> <li>Subject Gender:</li> <li>Female</li> </ol>   | 2. Subject Age (if unknown, give an |        |   | bject at th | ne time of display or deployment:  American Indian or Alaska Native   |  |
| ■ Male  | approximate guess):                 | Asia   |   |             |   |  |
| I Iviale  |                                     | ■ Whit | k or African-Am   | erican      | ☐ Hispanic or Latino ☐ Unknown  |  |
| 4. Before deployment, did you have reason to yes, check all that apply. (If none apply, go Pregnant Elderly (Over the age of 65) Child (Under the age of 18) Low body-mass index (Body type is Thin) Disability Mental health condition Developmental/intellectual disability |                                     |        |   | Tra         | a member of a special population? If aumatic Brain Injury notional crisis to the extent subject ay have had difficulty understanding quests or orders bilepsy/seizure disorder eart condition eaf/hard of hearing tw vision/blind |  |
| 5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply:   |                                     |        |   |             |   |  |
| ☐ Subject notified☐ Professional w☐ Personal perce  |                                     | Disp   | lian witness<br>patch                                     |             |   |  |
| 6. To the best of your knowledge, was the person under the influence of alcohol or other drugs at the time of the incident? ☐ Yes ☐ No ■ Unknown  |                                     |        |   |             |   |  |
| 7. Were mental health or developmental disabilities professionals contacted for assistance with the subject? <ul> <li>No (If no, go to Section Three)</li> <li>Yes</li> </ul>   |                                     |        |   |             |   |  |

| If yes, contacted by: Officer or Someone Else (list whom):   |  |  |  |  |  |
|--|--|--|--|--|--|
| If yes, contacted by:   Officer or  Someone Else (list whom):  |  |  |  |  |  |
| ☐ Prior to the display or deployment   |  |  |  |  |  |
| ☐ During the display or deployment   |  |  |  |  |  |
| ☐After the display or deployment   |  |  |  |  |  |
| Other comments:  |  |  |  |  |  |
| 8. What was the outcome of that attempt to contact mental health care or developmental disability    |  |  |  |  |  |
| professionals? Check all that apply:   |  |  |  |  |  |
| Professional assisted to resolve situation more promptly or with less coercion than without contact; |  |  |  |  |  |
| Professional did not result in any positive or helpful impact on the situation;                      |  |  |  |  |  |
| ☐ Professional provided limited positive or helpful impact on the situation;                         |  |  |  |  |  |
| Contact was attempted but no one could be reached;   |  |  |  |  |  |
| ☐ Professional helped reduce the time officers had to be at the scene;                               |  |  |  |  |  |
| ☐ Professional helped avoid involuntary placement in detention or emergency department;              |  |  |  |  |  |
| ☐ Professional helped provide appropriate follow-up and service provision;                           |  |  |  |  |  |
| ☐ Intervention was ineffective.  |  |  |  |  |  |
| SECTION THREE: ADDITIONAL INFORMATION  |  |  |  |  |  |
| Decision to use CEW was based on:  |  |  |  |  |  |
| Active aggression of subject;  |  |  |  |  |  |
| Active resistance of subject, with injuries to others or subject likely to occur;                    |  |  |  |  |  |
| Anticipated injuries to subject, officer, or others at scene.  |  |  |  |  |  |
| What was the subject's response to the use of the CEW?   |  |  |  |  |  |
| Subject was compliant directly after use of CEW;   |  |  |  |  |  |
|  |  |  |  |  |  |
| Subject was not compliant directly after use of CEW, requiring additional force;                     |  |  |  |  |  |
| CEW failed; subject had to be handled through other means. State reason for failure if known:        |  |  |  |  |  |
| Was any other force used in addition to the CEW? Check all that apply:                               |  |  |  |  |  |
| ☐OC ☐ Firearm ☐ Physical force ☐ Baton   |  |  |  |  |  |
| Other (describe):  |  |  |  |  |  |
| Was this additional use of force before or after use of the CEW?                                     |  |  |  |  |  |
| Was medical assistance provided to the subject following the use of the CEW? ■ Yes □ No              |  |  |  |  |  |
| If yes, by whom? ☐ Officer ■EMS personnel ☐ Other emergency or health care professionals             |  |  |  |  |  |
| Check any box below relating to noteworthy details not already described:                            |  |  |  |  |  |
| ☐ Incident occurred on an elevated location such as a roof, stairs, or bridge;                       |  |  |  |  |  |
| Subject was near or in water at time of incident;  |  |  |  |  |  |
| Subject was wearing heavy clothes;   |  |  |  |  |  |
| Subject was more than 25 feet away when CEW probe shot;  |  |  |  |  |  |
| Subject was fleeing when CEW probe shot.   |  |  |  |  |  |
| Was the training "Interacting with People Experiencing a Mental Health Crisis" (also known as Act 80 |  |  |  |  |  |
| training) useful in dealing with this incident?   Yes  No  N/A                                       |  |  |  |  |  |
| If no, describe why not:   |  |  |  |  |  |

Return this completed form via scan or email to:

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